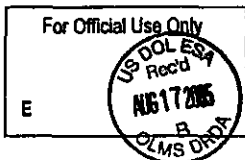


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9828</u>	2 Fiscal Year Covered From <u>11/1/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>Conrad D. Masters</u> P.O. Box, Bldg, Room No., if any Street <u>3702 Northfield Rd</u> City <u>Austin</u> State <u>TX</u> ZIP Code + 4 <u>78727-901</u>	4 Name, file number, and address of labor organization <u>United Brotherhood of Carpenters</u> Name <u>Texas Carpenters & Millwrights</u> <u>Regional Council</u> Labor Organization File Number <u>540936</u> P.O. Box, Building and Room Number, if any Street <u>5364 Fredricksburg Rd. Suite 130</u> City <u>San Antonio</u> State <u>TX</u> ZIP Code + 4 <u>78229</u>
5 Position in labor organization <u>Representative, President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg, Room No., if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income 7 b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)		
Signed <u>Conrad Masters</u>	On <u>8/11/05</u> Date	<u>512 476 7354</u> Telephone Number

Name of Person Filing Conrad Masters	File Number U-
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☒ Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name Texas Carpenters & Millwrights Health & Welfare Trust Fund Trade Name, if any P O Box, Bldg, Room No, if any Street 1300 S. Meridian, Suite 200 City Oklahoma City State OK ZIP Code + 4 73108	9 Business deals with <div style="display: flex; justify-content: space-between;"> <div style="width: 15px;"> </div> <div style="width: 15px;"> </div> <div>a Labor Organization</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15px;">X</div> <div style="width: 15px;"> </div> <div>b. Trust</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15px;"> </div> <div style="width: 15px;"> </div> <div>c. Employer</div> </div>
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10 If 9 b or 9 c. is checked give trust or employer's name Name Texas Carpenters & Millwrights Health & Welfare Fund Trade Name, if any P O Box, Bldg, Room No., if any Street 1300 S. Meridian, Suite 200 City Oklahoma City State OK ZIP Code + 4 73108	11.a Nature of such dealing. 11 b. Approximate dollar value of such dealing 12 a. Nature of interest held or income received Reimbursement for travel expenses incurred to attend Trustee meetings. Meal costs at Trustee meetings see attached 12.b Amount \$1,233
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	14 a. Nature of payment. 14.b. Amount of payment.
13 b. Is the Business an Employer or Consultant ?	

Trustee	Meeting Date	Meals	Mileage	Airline	Car Rental	Parking	Hotel	Total
James Jordan	1/28-1/30/04-Conference in Hawaii	\$ -	\$ -	\$ 674 70	\$ 231 96			\$ 906 66
	3/25/2004	-	-	-		17 00	134 38	151 38
	6/17/2004	94 73	-	-		21 00	100 1	215 83
	9/23/2004	49 04	-	-		9 00	84 06	142 10
	12/16/2004	-	-	-		-	-	-
	Total 2004	\$ 143 77	\$ -	\$ 674 70	\$ 231 96	\$ 47 00	\$ 318 54	\$1,415 97

Trustee	Meeting Date	Meals	Mileage	Airline	Hotel	Total
Mike Gaffney	3/25/2004	\$ 64 66	\$ -	\$ -	\$ -	\$ 64 66
	6/17/2004	94 73	-	192 90	82 06	369 69
	9/23/2004	49 04	-	-	-	49 04
	12/16/2004	-	-	-	-	-
	Total 2004	\$ 208 43	\$ -	\$ 192 90	\$ 82 06	\$ 483 39

Trustee	Meeting Date	Meals	Mileage	Airline	Parking	Hotel	Total
Steve Luebbehusen	3/25/2004	\$ 64 66	\$ -	\$ -	\$ -	\$ 73 40	\$ 138 05
	6/17/2004	94 73	-	56 10	5 00	-	155 83
	9/23/2004	49 04	-	-	-	48 03	97 07
	12/16/2004	52 34	-	-	-	-	52 34
	Total 2004	\$ 260 77	\$ -	\$ 56 10	\$ 5 00	\$ 121 43	\$ 443 29

Trustee	Meeting Date	Meals	Mileage	Airline	Parking	Hotel	Total
Conrad Masters	3/25/2004	\$ -	\$ 66 43	\$ -	\$ -	\$ -	\$ 66 43
	6/17/2004	94 73	-	291 90	11 99	77 24	475 86
	Merger Mtg-Houston-9/8/04	8 52	-	201 70	6 00	-	216 22
	9/23/2004	60 69	58 50			84 06	203 25
	12/16/2004	52 34	-	147 40	-	71 75	271 49
	Total 2004	\$ 216 28	\$ 124 93	\$ 641 00	\$ 17 99	\$ 233 05	\$ 1,233 25